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MEMORANDUM

TO: Medical Educators, Interested Others

FROM: Patricia A. Muehsam, M.D.

DATE: January 13, 1998

RE: AAMC Special Interest Group in Alternative and Complementary Medicine: Annual Meeting Update and Plans for Coming Year

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The Alternative and Complementary SIG had its inaugural meeting on November 2nd at the AAMC annual meeting in Washington, D.C.

Summary of the Annual Meeting

The meeting was organized into three working groups:

1) What is Alternative and Complementary Medicine: Defining the Field
2) How Does Curriculum Change: Issues Relevant to "CAM"
3) Models of "CAM" Curricula: Reviewing Current and Developing Future Models

Working group outcomes and recommendations:

1) What is Alternative/Complementary Medicine:

It was agreed upon that a working definition of the field of alternative and complementary medicine needs to be developed, especially given the vastness and diversity of the field, and the fact that current definitions and concepts vary greatly. It was felt that this was especially necessary prior to establishing dialogues with others not familiar with the field. As a preliminary tool for beginning to educate the educators, the following general description was developed:

The field of alternative and complementary medicine encompasses a vast number of approaches to health care. These practices are currently considered "alternative" because they have not been adopted by mainstream medicine. Cultural, social, economic, and/or scientific perspectives are responsible for their relatively peripheral position in the arena of health care options. While some of these approaches are similar in concept to allopathy, the primary mechanism of conventional Western medicine, others represent entirely different approaches to health, both in theory and in practice.

In order to appreciate the extent and nature of the field of complementary and alternative medicine, it is useful to understand the basic tenets of allopathy. The term is derived from the Greek roots "allo" meaning opposite, and "pathos" meaning disease, suffering, or

feeling. In essence, the primary method of conventional Western medicine is to oppose disease. For example, in the case of a headache, an initial approach is to relieve pain. In treating hypertension, medications which have a blood pressure lowering effect are often used. In an individual with a bacterial infection, antibiotics may be prescribed. In the case of cancer, chemotherapy, radiation, and/or surgery may be employed, all aimed at "opposing", i.e., removing, a malignant tumor or cells. Ultimately, the aim is to eliminate the apparent problem with which the patient presents.

A number of modalities within the arena of alternative and complementary medicine operate via this allopathic framewor. Examples of these include chelation therapy, oxygen therapy, and many of the biological and pharmacologic approaches to cancer treatment. Other methods derive from distinctly different origins, and reflect concepts of health and disease that vary greatly from those of Western medicine. Amongst such practices are Traditional Chinese Medicine, Ayurveda, homeopathy, and naturopathy. Unlike the disease-centered model of Western medicine, these approaches represent complete and unique distinct systems of health care. Many of these approaches have evolved from other, non-Western cultural traditions, and there is often no counterpart for Western concepts of disease. For example, the notions of cancer and infectious disease have no distinct parallels in traditional Chinese medicine, although the system can be used to treat such conditions.

Recommendations of this working group:

- Educate the educators
- Dialogue amongst educators

2.) Curriculum Change Working Group Recommendations:

- Change accreditation standards
- Dialogue with staff of accrediting bodies
- Develop model curriculum
- Interdisciplinary cooperation
- Foundation funding for curriculum development
- Students/residents as change agents
- Staff education
- New curricula vs. integrative curricula
- Patient-centered teaching
- Cultural diversity

3) Models of "CAM" Curricula Working Group Recommendations:

- Student-driven/initiated
- Required vs. elective
- Integrative model in basic sciences and clinical years
- Experiential
- Physician role as educator/healer
- Educational process for students: nurturing of and consistent with the substance of these models
- Evidence-based approach
- Problem-based learning approach

Objectives for the Upcoming Year:

The objectives for the upcoming year are to: 1) network within the AAMC; 2) develop curricular models; and 3) communicate our efforts externally.

1) Networking within the AAMC:
   - with other SIG's
   - with GEA section leaders
   - with agents of curriculum change
   - with those involved in accreditation
   - annual meeting forums: small group discussions, mini-workshops
   - regional SIG's **
   - publish in Academic Medicine

   **Regional SIGs: Regional SIGs can function autonomously from the national SIG, within one of the 4 geographical areas delineated by the AAMC (Northeast, Central, Southern, Western.) The purpose is identical to that of the national SIG: the pursuit of common theme in medical education. Regional SIGs meet annually, in the spring.

If you are interested in working on any of the above, please contact me (contact numbers below.)

2.) Developing Curricular Models:
   Ben Kligler will be developing an e-mail network for the curricular models work. If you are interested in participating, contact Ben @: BenKlig@aol.com, or if you don't have e-mail but would like to be part of this activity 212-260-5232 (voice) or 212-206-5251 (fax.)

3) Communicating efforts externally:
   - public media
   - health care policy and special interest groups
   - political representatives
   - other organizations: STFM, AMSA, AMA, State Licensing Boards, Specialty Boards
   - relevant professional journals: JACM, Alternative Therapies, conventional medical journals

If you are interested in working on any of the above, please contact me.

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Please feel free to contact me if you have any other ideas for future activities, particular areas of interest that we did not address at the meeting, etc.